

QUARTERLY CONTRIBUTION/WAGE REPORT

PLEASE TYPE THIS REPORT

INSTRUCTIONS ON REVERSE SIDE

1. U.I. ACCOUNT NUMBER                      2. QUARTER              YEAR

1a. INTERNET ACCESS NUMBER

<http://uiqtwrs.dwd.state.wi.us>

3. REPORT AND PAYMENT DUE DATE

|         |                           |
|---------|---------------------------|
| 4. FEIN | 5. EMPLOYER TELEPHONE NO. |
|---------|---------------------------|

6. EMPLOYER NAME AND ADDRESS

18. DO ANY OF YOUR EMPLOYEES HAVE ACCESS TO A HEALTH INSURANCE PLAN SPONSORED BY YOU, A UNION, OR A TRADE/PROFESSIONAL ASSOCIATION?

YES                      NO

|  |            |            |       |
|--|------------|------------|-------|
| ITEM 7. MUST BE COMPLETED  |            |            |       |
| 7. MONTHLY DATA SHOULD COUNT ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT THAT WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, ENTER -0-. |            |            |       |
| 1ST MONTH-   | 2ND MONTH- | 3RD MONTH- |       |
|  |            |            |       |
| 8. TOTAL COVERED WAGES<br>Employee wage detail MUST be completed below   |            | DOLLARS    | CENTS |
| 9. LESS EXCLUSIONS FOR WAGES OVER \$10,500   |            |            |       |
| 10. DEFINED (TAXABLE) PAYROLL<br>Item 8 minus Item 9<br>THIS LINE MUST BE COMPLETED  |            |            |       |
| 11. Multiply Item 10 by:   |            |            |       |
| 12. TAX DUE  |            |            |       |
| 13. IF FILED AFTER DUE DATE, ADD INTEREST OF 1% PER MONTH OF ITEM 12, above.   |            |            |       |
| 14. IF WAGE RPT. (Form UC-7823) FILED AFTER DUE DATE, ADD LATE FILING FEE. (See reverse side)  |            |            |       |
| 15. LESS ELECTRONIC FUND TRANSFER (EFT) PAYMENT  |            |            |       |
| 16. LESS CREDIT AVAILABLE as of  |            |            |       |
| 17. TOTAL AMOUNT ENCLOSED WITH THIS REPORT   |            |            |       |
| RETURN THIS FORM AND ANY PAYMENT DUE. MAKE CHECK OR MONEY ORDER PAYABLE TO DIVISION OF UNEMPLOYMENT INSURANCE. FOR INFORMATION CALL (608)261-6700  |            |            |       |

| 19. LINE NUMBER | 20. CHANGE | 21. EMPLOYEE'S SOCIAL SECURITY NUMBER | 22. EMPLOYEE'S LAST NAME | 23. EMPLOYEE'S FIRST NAME | 24. EMPLOYEE'S QUARTERLY WAGES<br>DOLLARS                      CENTS |
|-----------------|------------|---------------------------------------|--------------------------|---------------------------|--|
| 1.              | *          | 123456789                             | SAMPLE                   | NAME                      | XXXXXXXX. XX   |
| 2.              |            |                                       |                          |                           |  |
| 3.              |            |                                       |                          |                           |  |
| 4.              |            |                                       |                          |                           |  |
| 5.              |            |                                       |                          |                           |  |
| 6.              |            |                                       |                          |                           |  |
| 7.              |            |                                       |                          |                           |  |
| 8.              |            |                                       |                          |                           |  |
| 9.              |            |                                       |                          |                           |  |
| 10.             |            |                                       |                          |                           |  |
| 11.             |            |                                       |                          |                           |  |
| 12.             |            |                                       |                          |                           |  |

|   |       |      |
|---|-------|------|
| 25. TOTAL WAGES<br>(Must agree with Item 8 above)   |       |      |
| 26. I CERTIFY THE TAX AND WAGE REPORTS ARE CORRECT. |       |      |
| SIGNATURE   | TITLE | DATE |

## REPORT INFORMATION AND INSTRUCTIONS

This report is required of all employers covered under Wisconsin's Unemployment Insurance (UI) Law. It should be submitted by the assigned due date with appropriate payment. Send the completed form with any payment due in the enclosed envelope with the correct side of the address sheet showing. If not paying by Electronic Fund Transfer (EFT), make your check or money order payable to the Division of Unemployment Insurance.

Type the required information. Reports are machine read. Handwritten reports require costly processing by hand. You can file this report on the Internet using the access number on line 1a, and creating a user ID and password, see <http://uiqtws.dwd.state.wi.us>.

For information on formats, more detailed instructions, or additional pages for wage detail see <http://www.dwd.state.wi.us/uiben/wagehome.htm> or contact Wage Reporting Unit, UI Division, P.O. Box 7962, Madison, Wisconsin 53707, e-mail [wagenet@dwd.state.wi.us](mailto:wagenet@dwd.state.wi.us), or telephone (608) 266-6877.

### Instructions for completing this report follow:

Items 1-6 are preprinted. They show:

1. Ten-digit UI employer account number.

1a. Six-digit Internet Access Number - Used for filing report on the Internet.

2. Time period this report covers.

3. Report and payment due date.

4. 5. 6. Employer information. Includes Federal Employer Identification Number (FEIN), telephone number, and name and address. If any of this information is missing or has changed, complete the enclosed Form UCT-6491, Account Change Information, and return it with your report.

7. The monthly employment data reported on line 7 should be a count of all full-time and part-time workers in covered employment under Wisconsin's UI Law, who performed services during or received pay for the payroll period which includes the 12th of the month. If no employment in the payroll period, enter zero (-0-).

8. Enter COVERED wages PAID within this quarter before deductions. Wages include: salaries; commissions; bonuses; tips; sick or disability, termination, holiday, and vacation pay; value of room, meals and payments in kind to all full time, part time, and temporary employees for services "localized" in Wisconsin. Include agricultural and domestic service wages if you have been determined covered for either employment. NOTE: ITEMS 8 AND 25 MUST AGREE.

9. Enter wages paid this quarter in excess of the \$10,500 per employee wage base. To determine the exclusion amount follow the steps below.

Step 1 - Determine which of your employees has been paid more than \$10,500 since the beginning of the year.

Step 2 - If any of the employees identified in step 1 have already been paid more than \$10,500 for the year during a previous quarter, all of the wages paid to them during this quarter are excluded. Add the wages paid during this quarter to each of these employees to arrive at a total.

Step 3 - If any of the employees which you identified in step 1 went over \$10,500 for the year during this quarter, the amount paid in excess of \$10,500 for the year is excluded. Add the excess paid each employee this quarter to arrive at a total.

Step 4 - Add the totals derived in step 2 and step 3 and enter in item 9. This constitutes excluded wages paid during this quarter which are not taxed. (The amount on line 9 can be equal to but should not be more than the amount shown on line 8.)

10. Subtract item 9 from item 8 to obtain your defined (taxable) payroll. Always indicate an amount in this item. If item 9 is zero, the amount in item 8 should also appear in item 10. If the amount in item 9 is equal to item 8, place a zero in item 10.

### Items 11,12 and 13 do not apply to employers on reimbursement financing.

11. Multiply item 10 by your tax rate as shown. Your rate is shown on this report as a decimal fraction. Multiply by the figure shown and enter the amount in Line 12.

12. Enter your tax liability for this quarter.

13. If filing after due date, calculate interest on the tax due in item 12 at 1% per month (or fraction of month).

14. If filed after the due date, the amount of penalty is dependent upon the number of employees that appear on the report, as follows:

UC-101A (R. 11/27/2001)  
(U00031)

| Total Employees in the Quarter | Amount of Penalty |
|--------------------------------|-------------------|
| 1- 100                         | \$25              |
| More than 100                  | \$75              |

In addition, an employer who has more than 100 employees and fails to file its report on magnetic or electronic media may be assessed a penalty of **\$10 for each employee**.

15. If you have paid your taxes for this quarter by Electronic Funds Transfer (EFT), enter the amount here.

16. If you have been notified of any available credit, enter here.

17. Add Items 12 through 14 and subtract Items 15 and 16 to determine the amount to be paid. If the total on line 17 is zero, enter zero on line 17.

18. Enter an "X" in the appropriate box.

19. 1-12 DENOTE THE LINE NUMBER.

20. Employee's social security number and name are preprinted on some wage reports. Preprinted names are limited to the number of characters shown. If incorrect:

- Enter an "X" within the "CHANGE" box (Item 20);
- Draw a diagonal line through incorrect character(s);
- Enter the correct characters above the lined out information.

| CHANGE | SS NUMBER       | LAST NAME  | FIRST NAME |
|--------|-----------------|------------|------------|
| X      | 00<br>123456789 | S<br>SMITH | J<br>JOHN  |

ALIGN INFORMATION FOR ITEMS 21-25 UNDER THE PREPRINTED EXAMPLE PROVIDED.

21. Enter the employee's social security number if not preprinted. If an employee has no social security number, enter the name and wages and have your employee immediately take steps to secure a number. Enter numbers without dashes or diagonal lines. Acceptable reporting methods are:

123 45 6789    123456789

22. Enter the employee's last name if not preprinted. Type in all CAPITAL letters. Do not use commas or periods. Hyphens are acceptable.

23. Enter the employee's first name if not preprinted. Type in all CAPITAL letters. Do not report a middle initial. Do not use commas or periods. Hyphens are acceptable.

24. Enter total wages PAID to the employee during the calendar quarter. Always use a decimal point followed by cents. Do not use commas or dollar signs (\$). Acceptable reporting methods are:

1234.56    5603.00 (IF EVEN AMOUNT)

Leave blank if no wages were paid during this quarter.

25. Enter all wages listed on all pages of the report. THIS AMOUNT MUST AGREE WITH THE AMOUNT SHOWN IN ITEM 8.

26. Sign report, enter your title and the date.

Send original report. Do not submit copies.